

SEE INSTRUCTIONS ON REVERSE OF THIS FORM. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150

County Registrar No. 249

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Claire Elizabeth (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. Legitimate? yes 6. Date of birth Nov 14 - 26 Month Day Year

8. FATHER Full name Albert Altweis 14. MOTHER Full maiden name Mary Rowe

9. Residence (Usual place of abode) Ash St. 15. Residence (Usual place of abode) Ash St. If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 49 (Years) 16. Color or race W 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) Ohio (State or country) 18. Birthplace (city or place) Mo (State or country)

13. Occupation Carpenter Nature of Industry 19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9 P m. on the date above stated (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature R. D. Fernsmedy (Physician or midwife). Address Globe Ariz

Given name added from a supplemental report. Month, day, year Filed 11-30 1926 St. St. Horst Local Registrar.

Registrar

Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

358-1114-495